Chromium MACT - Work Practice Standards

(Conduct the Work Practice Standards that apply to your operation)

I. Inspection and Maintenance - Pollution Control Techniques

Equipment	Work Practice Standard	Frequency	Date of inspection (and your initials)		Condition (Good, Fair, Poor)
Composite Mesh-pad System Tanks ID# _____ _____ _____ _____	Visually inspect device to ensure there is proper drainage, no chromic acid build up on the pads, and no evidence of chemical attack on the structural integrity of the device.	Quarterly			
	Visually inspect back portion of the mesh pad closest to the fan to ensure there is no breakthrough of chromic acid mist.	Quarterly			
	Visually inspect ductwork from tank or tanks to the control device to ensure there are no leaks.	Quarterly			
	Perform washdown of the composite mesh pads in accordance with manufacturers recommendations	Per manufacturer			
Packed-bed Scrubber Tanks ID# _____ _____ _____ _____	Visually inspect device to ensure there is proper drainage, no chromic acid build up on the packed beds, and no evidence of chemical attack on the structural integrity of the device.	Quarterly			
	Visually inspect back portion of the chevron blade mist eliminator to ensure that it is dry and there is no breakthrough of chromic acid mist.	Quarterly			
	Visually inspect ductwork from tank or tanks to the control device to ensure there are no leaks.	Quarterly			
	Add fresh makeup water to the top of the packed bed.	Whenever makeup is added			
Packed-bed scrubber/ Composite mesh-pad system Tanks ID# _____ _____	Same as composite mesh-pad system				
Fiber-bed mist eliminator	Visually inspect fiber-bed unit and pre-filtering device to ensure there is proper drainage, no chromic acid build up in the units, and no evidence of chemical attack on the structural integrity of the devices.	Quarterly			
	Visually inspect ductwork from tank or tanks to the control device to ensure there are no leaks.	Quarterly			
	Perform washdown of the fiber elements in accordance with manufacturers recommendations	Per manufacturer			
Other air pollution control device(s) Tanks ID# _____ _____	To be proposed by the business for approval.				

II. Inspection and Maintenance - Monitoring Equipment

Equipment	Work Practice Standard	Frequency	Date of inspection (and your initials)	Date of Maintenance (and your initials)
Pitot tube Tank(s) ID#_____ _____	Backflush with water, or remove from the duct and rinse with fresh water. Replace in the duct and rotate 180 degrees to ensure that the same zero reading is obtained. Check pitot tube ends for damage. Replace pitot tube if cracked or fatigued.	Quarterly		
Stalagmometer Tanks ID# _____ _____	Follow manufacturers recommendations.			

III. Maintenance Performed

Describe actions taken and maintenance performed to process, air pollution control device, and/or monitoring equipment. (Otherwise retain dated, handwritten descriptions and/or a contractor's invoice that describes the work.)

1. Tank #:_____ Date: __/__/__ Initials:_____ Supervisor informed (Y/N): _____

2. Tank #:_____ Date: __/__/__ Initials:_____ Supervisor informed (Y/N): _____

3. Tank #:_____ Date: __/__/__ Initials:_____ Supervisor informed (Y/N): _____

IV. Malfunction Records

Describe malfunction (include Tank(s) # and process, air pollution control device, and/or monitoring equipment):

Duration of malfunction: ___/___/___ thru ___/___/___

Explain cause of malfunction:

Was the action taken to correct the malfunction the same as what is describe in your O&M plan? Yes or No

If the action was different, did you revise your O&M plan accordingly? Please explain.